

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2015 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2015 Funding Notice and the FY 2015 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 Funding Notice, the FY 2015 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in both the FY 2015 Funding Notice and the FY 2015 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 11/15/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2015 CoC Planning Project Application" from the left-menu bar. For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: City of St. Louis

b. Employer/Taxpayer Identification Number (EIN/TIN): 43-6003231

	c. Organizational DUNS:	620680223	PL US 4	
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d. Address

Street 1: 1520 Market

Street 2: Suite 4065

City: St. Louis

County: St. Louis City

State: Missouri

Country: United States

Zip / Postal Code: 63103

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Eddie

Middle Name:

Last Name: Roth

Suffix:

Title: Director

Organizational Affiliation: City of St. Louis

Telephone Number: (314) 612-5900

Extension:

Fax Number: (314) 612-5090

Email: rothe@stlouis-mo.gov

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2015 CoC Planning Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5900-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, , indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

14. Area(s) affected by the project (state(s) only): Missouri
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: MO-501 CoC Planning Application FY2015

16. Congressional District(s):

a. **Applicant:** MO-001

b. **Project:** MO-001

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. **Start Date:** 01/01/2017

b. **End Date:** 12/31/2017

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 – FY 2014 CoC Program NOFA (Section VI.A.1.b), FY 2014 Funding Notice and e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

21. Authorized Representative

Prefix: Mayor

First Name: Francis

Middle Name: G.

Last Name: Slay

Suffix:

Title: Mayor

Telephone Number: (314) 622-3201
(Format: 123-456-7890)

Fax Number: (314) 622-4061
(Format: 123-456-7890)

Email: slayf@stlouis-mo.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 11/15/2015

2A. Project Detail

Instructions:

CoC Number and Name: Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC Planning grant. In most cases, there will only be one name from which to choose. Make sure to select the correct applicant name.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Component Type: This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. CoC Number and Name: MO-501 - St. Louis CoC

1b. Collaborative Applicant Name: City of St. Louis

2. Project Name: MO-501 CoC Planning Application FY2015

3. Component Type: CoC Planning Project Application

2B. Project Description

Instructions:

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

4. How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The proposed project seeks to dramatically lower the single greatest barrier to this community's progress in timely meeting the fundamental goals of Opening Doors. Regional fractionalization and failures of coordination and participation of public and private agencies throughout multiple continuums of care making up the St. Louis Region have contributed to missed opportunities of considerable magnitude in preventing and ending regional problems of homelessness. CoC's efforts lose focus and impact when they are defused in response to an uncontrolled flow of persons residing in five other continuums of care (IL-504, IL-508, MO-500, MO-503, MO-606) serving the St. Louis Metro area and seeking services in the City of St. Louis. These other CoCs are compact urban and suburban counties are contiguous to the St. Louis City CoC. With greater coordination and participation regionally, the CoC and the region in which it is situated could accelerate efforts to end homelessness. This begins by recognizing that, only working together, can the regional community prevent and end homelessness among Veterans, finish the job of ending chronic homelessness, prevent and end homelessness for families, youth, and children and set a path to end all types of homelessness in our regional communities. Thus, the City of St. Louis CoC seeks to convene an unprecedented regional planning process. Planning grant funds would be used, in part, to engage expert and technical advisers to assist the CoC and United Way in organizing and executing this process. Advisers would be identified through a public procurement process. They would be selected, in part, based on their experience and ability to assist the CoC in using social service data to develop a regional analysis and framework that would reveal opportunities for regional participation and coordination of homeless services, including potential mergers of CoCs. Advisers also would be selected based on their experience and ability help organize, engage, convene and document a formal regional CoC planning process. The CoC also seeks, as part of the planning project, to strengthen and sharpen its capacity to serve as a regional leader in homeless services. It would use the remaining planning grant funding to engage expert and technical advisors who would assist the CoC in gaining greater expertise and effectiveness in project evaluation, monitoring activities, CoC application activities and HUD compliance activities. There would be a special focus on coordinated entry and project evaluation in what increasingly should become a regional homeless service system. Compliance with the provisions of 24 CFR 578.7, as well as the associated planning activities at 24 CFR 578.39, would be assured the Collaborative Applicant's providing structured monitoring of project and planning activities, and including independent project evaluation among contracted-for services.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The CoC would invite regional participation before the project starting date, and develop procurement criteria and requests for proposal by June 30, 2016. It would complete a public selection process by September 1, 2016, and have contracts in place for expert and technical advisers to begin work at the earliest permitted date, and not later than January 15, 2017.

Soon after the project's start, the Collaborative Applicant, CoC and their regional partners would develop and publish a draft work plan for the project covering all of its aspects for the entire year, and then provide revisions, updates and progress reports not less than every 60 days. A final progress report would be published within 30 days of the project's completion, outlining the results and completion of all project activities.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?

The requested funds would improve the CoC's ability to evaluate the outcome of CoC and ESG projects in two ways:

First, a part of the requested funds would be used to directly engage expert and technical advisers to assist the CoC in building and sharpening its capacity and effectiveness, including in project evaluation.

Second, the remainder of the requested funds would help the CoC develop evaluation criteria and performance monitoring and measurement capacity in a broader, better informed, regional context and framework – with project evaluation reflecting an improved understanding of community needs and effective use project funds to prevent and reduce homelessness through projects providing coordination, emergency and supportive services and permanent and transitional housing.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

The planning activities would continue beyond the expiration of HUD financial assistance in part because they will build on nascent regional initiatives already under way. In 2015, representatives of CoC's throughout the region jointly participated in trainings and evaluations of various homeless assessment tools. There is a solid collegial spirit between service providers, homeless advocates and interested citizens from throughout the St. Louis region. These relationships would be fostered, broadened, and perpetuated by a serious, pragmatic, well organized regional planning process.

The benefits of expert advisors working directly with the CoC, to strengthen and sharpen its capacity as a regional leader in homeless services, meanwhile, would continue beyond the expiration of the HUD financial assistance because they would deepen the CoC sophistication in project evaluation, monitoring activities, CoC application activities and HUD compliance activities, rendering all parties more efficient and effective in such matters.

3A. Governance and Operations

Instructions

Screen 3A requires project applicants to detail important aspects of their CoC’s governance structure and operations.

How often does the CoC conduct meetings of the full CoC membership? In this required field, select the appropriate dropdown option from the menu to indicate how often the CoC conducts meetings with the full CoC membership invited and largely accounted for.

Does the CoC include membership of a homeless or formerly homeless person? This is a required field. Select “Yes” or “No” to indicate whether or not the CoC membership includes at least one homeless or formerly homeless individual.

For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply): Select an option from the dropdown menu to indicate the roles that homeless or formerly homeless members play in the CoC.

Does the CoC's governance charter incorporate written policies and procedures for each of the following: Select “Yes” for each of the following if it is included in the CoC’s governance charter. Select “No” for each of the following if is NOT included in the CoC’s governance charter.

- a. Written agendas of CoC meetings?
- b. Coordinated Entry? (Also known as centralized or coordinated assessment)
*Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter? This question will appear if no is selected for question “b” above.
- c. Process for monitoring outcomes of ESG recipients?
- d. CoC policies and procedures?
- e. Written process for board selection?
- f. Code of Conduct for board members that includes a recusal process?
- g. Written standards for administering assistance?

Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Select “Yes” if there were any written complaints, from any source, received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months.

If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. This question will appear if “Yes” is selected for question 4 above. Remember to include how the complaint(s) was resolved and the date of resolution.

1. How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

- a. Written agendas of CoC meetings? Yes
 - b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
 - c. Process for monitoring outcomes of ESG recipients? Yes
 - d. CoC policies and procedures? Yes
 - e. Written process for board selection? Yes
 - f. Code of Conduct for board members that includes a recusal process? Yes
 - g. Written standards for administering assistance? Yes
- 4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

3B. Committees

Instructions

Screen 3B provides an opportunity for project applicants to list the CoC committees that meet regularly regarding CoC-wide planning and policy. Please list no more than five committees and choose those that have the broadest impact and/or that meet most frequently.

Committees: In the following table, provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees, and/or workgroups that are directly involved in CoC-wide planning and not the regular delivery of services.

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and NOT groups related only to planning for smaller local, regional, or the regular delivery of services.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Planning Committee	Planning Committee shall formulate and recommend strategic goals and objectives for STLCOG and monitor progress. It shall gather data on the nature and extent of homelessness, monitor the development of HMIS, analyze gaps and trends, recommend priorities monitor long-range plans, monitor housing production, and promote regional approach to addressing homelessness.	Monthly	DePaul USA, Dept Mental Health-Housing, Our Ladies Inn, Doorways, The Bridge, Washington University, Hope House, Peter & Paul, CCHRC, St. Patrick Center, St. Louis Mental Health Board, BJC Behavioral Health, MISI, Gateway 180, Covenant House
Project Review & Ranking Committee	Project Review & Ranking Committee shall perform threshold reviews for all new projects for the homeless seeking support from the dept. of Human Services, advising whether each project meets basic criteria. This Committee shall also recommend priority ranking for eligible projects, using criteria established by STLCOG.	Monthly	DePaul USA, Humanitri, Hope House, St. Patrick Center, Salvation Army, Grace & Peace, Places for People, DD Resources, The Bridge
Service Delivery Committee	Service Delivery Committee shall promote the coordination and effectiveness of services, both existing and new, across all components of the STLCOG.	Monthly	St. Patrick Center, City of St. Louis, DD Resources, LSEM, Humanitri, St. Martha's Hall, YWCA, Parquad, Hope House, MISI
Membership Committee	Membership Committee shall present a slate of officers and members of the Board of Directors as provided in Article IV, section 4 and Article V, section 4. This Committee shall also be charged with recruiting and retaining a wide range of organizations into membership and with recommending rules and procedures for STLCOG.	Monthly	Community Volunteer, DD Resources, The Bridge

Consumer Council	Consumer Council shall be composed entirely of homeless and formerly homeless persons. It shall make recommendations as appropriate to STLCOC and to providers of services and housing, and work with the Advocacy Committee. As provided in Article III, Section 2, the Consumer Council shall be treated as one organization and will have one vote. However, individual members that meet criteria may also vote if eligible. The Consumer Council must always be chaired by a consumer, who would sit on STLCOC Board of Directors as a voting member. The Board of Directors shall include at least one individual who is homeless or formerly homeless.	Monthly	Virginia Shelton, Linda Alexander, Richard Mattson, Linda Watson, Lawrence Tate, Rose Shaw, Bill Gruhn
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4A. Sources of Match/Leverage

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 Funding Notice, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$84,223
Total Value of All Commitments:	\$84,223

Summary for Leverage

Total Value of Cash Commitments:					\$0
Total Value of In-Kind Commitments:					\$0
Total Value of All Commitments:					\$0
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	In-Kind	Private	United Way	11/06/2015	\$50,000
Match	In-Kind	Government	City of St. Louis	11/13/2015	\$34,223

Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** United Way
- 5. Date of Written Commitment:** 11/06/2015
- 6. Value of Written Commitment:** \$50,000

Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** City of St. Louis
- 5. Date of Written Commitment:** 11/13/2015
- 6. Value of Written Commitment:** \$34,223

4B. Funding Request

Instructions:

Is it feasible for the project to be under grant agreement by September 30, 2016: Select "Yes" or "No" to indicate whether the grant agreement will be executed and the project will begin operating by September 30, 2016. The FY 2015 HUD Appropriations Act requires HUD to obligate FY 2015 CoC Program funds by this date. A selection of "No" may result in the rejection of a project application during the HUD assessment. Further, if a CoC Planning award is not obligated with the grant execution by September 30, 2016, the conditional award will be terminated and the funds recaptured.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a "Quantity AND Description" and amount of assistance for each activity for which funds are being requested. "Quantity AND Description" details should be thorough, and failure to enter adequate "Quantity AND Detail" may result in conditions being placed on an award and a delay of grant funding. Once a "Quantity AND Detail" and an amount have been entered into one or more of the items, click "Save" and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "4A. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "4A. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "4A. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will it be feasible for the project to be under grant agreement by September 30, 2017? Yes

2. Select a grant term: 1 Year

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Approximately 1,538 hours, at a cost of approximately \$130 per hour, in expert and technical advice to assist CoC develop a data supported regional analysis and framework for increased regional participation in and coordination of homeless services, including potential mergers of CoCs, and assist the CoC to organize, convene and document a formal regional CoC planning process.	\$200,000
2. Project Evaluation	Approximately 263.25 hours, at a cost of approximately \$130 per hour, in expert and technical advice to assist CoC in evaluating CoC and ESG Projects for (describe areas) with a focus on strengthening the CoC's capacity to provide regional leadership in coordinated homeless services.	\$34,223
3. Project Monitoring Activities	Approximately 263.25 hours, at a cost of approximately \$130 per hour, in expert and technical advice to assist CoC in monitoring CoC and ESG Projects for (describe areas) with a focus on strengthening the CoC's capacity to provide regional leadership in coordinated homeless services.	\$34,223
4. Participation in the Consolidated Plan		
5. CoC Application Activities	Approximately 263.25 hours, at a cost of approximately \$130 per hour, in expert and technical advice to assist CoC in CoC Application Activities for (describe areas) with a focus on strengthening the CoC's capacity to provide regional leadership in coordinated homeless services.	\$34,223
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Approximately 263.25 hours, at a cost of approximately \$130 per hour, in expert and technical advice to assist CoC in HUD compliance Activities with a focus on strengthening the CoC's capacity to provide regional leadership in coordinated entry, assessment and service referral.	\$34,223
Total Costs Requested		\$336,892
Cash Match		\$0
In-Kind Match		\$84,223
Total Match		\$84,223
Total Budget		\$421,115

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Instructions:

Other Attachment(s): Attach any additional information supporting the project funding request.
Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	City of St. Louis...	11/15/2015
2. Other Attachment(s)	No	City of St. Louis...	11/15/2015

Attachment Details

Document Description: City of St. Louis Match & Leverage

Attachment Details

Document Description: City of St. Louis Planning Forms

5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Francis Slay

Date: 11/15/2015

Title: Mayor

Applicant Organization: City of St. Louis

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

6A. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/12/2015
1E. Compliance	10/12/2015
1F. Declaration	10/12/2015
2A. Project Detail	11/12/2015
2B. Description	11/13/2015
3A. Governance and Operations	11/15/2015
3B. Committees	11/13/2015
4A. Match/Leverage	11/15/2015
4B. Funding Request	11/15/2015
5A. Attachment(s)	11/15/2015
5B. Certification	11/13/2015



FRANCIS G. SLAY
MAYOR

EDDIE ROTH
DIRECTOR

The City of Saint Louis
DEPARTMENT OF HUMAN SERVICES

DIRECTOR'S OFFICE
1520 MARKET STREET -- ROOM 4065
ST. LOUIS, MO 63103-2613
(314) 612-5900
FAX: (314) 612-5909

November 13, 2015

Re: CoC FY2015 Planning Grant MO-501

To whom it may concern,

Please accept this letter in support of the U.S. Department of Housing & Urban Development Continuum of Care FY2015 Planning Application. With this planning grant, the City of St. Louis and its CoC seeks to convene an unprecedented regional planning process to include five other continuums of care serving the St. Louis Metro area (IL-504 Madison County, IL-508 East St. Louis, Belleville, St. Clair County, MO-500 St. Louis County, MO-503 St. Charles City/County, Lincoln and Warren Counties, MO-606 Jefferson County, as part of balance of state).

With greater coordination and participation regionally, the CoC and the region in which it is situated could accelerate efforts to end homelessness. This begins by recognizing that, only working together, can the regional community prevent and end homelessness among Veterans, finish the job of ending chronic homelessness, prevent and end homelessness for families, youth, and children and set a path to end all types of homelessness in our regional communities. Additional planning grant activities include coordination, consultation, evaluation, monitoring, CoC application, and HUD compliance.

Specifically we will provide \$34,223 in the form of in-kind match of staffing and administrative resources available from 1/1/2017-12/31/2017 for this planning grant. If you have any questions or require additional information, please contact me at (314) 657-1650 or rothe@stlouis-mo.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Eddie Roth".

Eddie Roth
Director of Human Services

November 13, 2015

Mr. Eddie Roth
Director of Human Services
City of St. Louis
1520 Market Street, Room 4065
St. Louis, MO 63103

Re: CoC FY2015 Planning Grant

Dear Mr. Roth:

Please accept this letter in support of your U.S. Department of Housing & Urban Development Continuum of Care FY2015 Planning Application. The United Way of Greater St. Louis represents a strong network of quality agencies and services, identifies critical issues and unmet needs, and builds collaborations with the public and private sectors to meet those needs.

It is with these objectives in mind that we will participate in your planning efforts to utilize leadership, consultation and technical assistance to (1) expand and recruit regional participation on the St. Louis Continuum of Care and (2) conduct a regional process to develop data and strategies for greater coordination of homeless services, including exploring opportunities for merger among some of the 6 Continuums of Care that serve the compact, contiguous urban/suburban counties in the greater St. Louis metropolitan area, specifically: IL-504 Madison County, IL-508 East St. Louis, Belleville, St. Clair County, MO-500 St. Louis County, MO-501 St. Louis City, MO-503 St. Charles City/County, Lincoln and Warren Counties, MO-606 Balance of State with respect to Jefferson County.

Specifically, as part of the Continuum of Care FY2015 Planning Grant, if awarded, the United Way of Greater St. Louis would provide up to \$50,000 in the form of in-kind match corresponding to the dates of your planning grant. The source of this commitment is value of staffing and other internal resources related to the planning partnership.

We understand that work under the grant, if awarded, formally would commence on or around January 1, 2017. We look forward to participating as a regional partner in your planning efforts.

If you have questions or require additional information, please contact me at (314) 539-4070 or kathy.gardner@stl.unitedway.org.

Sincerely,



Kathy Gardner
Senior Vice President
Community Investment Division

Helping people.



United Way
of Greater St. Louis

910 North 11th Street
St. Louis, MO 63101-1018
P (314) 421-0700
F (314) 539-4154
www.HelpingPeople.org

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Angela Sears Spittal
Charles A. Stewart, Jr., CPA
Pat White

President and Chief Executive Officer
Orvin T. Kimbrough

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): City of St. Louis 1520 Market Suite 4065 St. Louis MO, 63103 (314) 612-5900	2. Social Security Number or Employer ID Number: 436003231
3. HUD Program Name HUD COC Homeless Assistance Competition	4. Amount of HUD Assistance Requested/Received \$336,892
5. State the name and location (street address, City and State) of the project or activity: City of St. Louis 1520 Market Suite 4065 St. Louis MO 6313	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--	---

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
N/A			

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

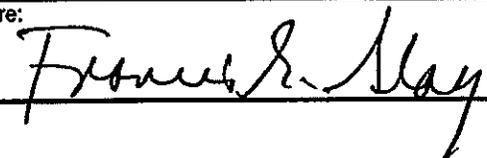
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
N/A			

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: x 	Date: (mm/dd/yyyy) 11/12/2015
---	----------------------------------

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of St. Louis		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 43-6003231	* c. Organizational DUNS: 6206802230000	
d. Address:		
* Street1: 1520 Market	_____	
Street2: Suite 4065	_____	
* City: St. Louis	_____	
County/Parish:	_____	
* State: MO: Missouri	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 63103	_____	
e. Organizational Unit:		
Department Name:	Division Name:	
_____	_____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Eddie	_____
Middle Name:	_____	
* Last Name: Roth	_____	
Suffix:	_____	
Title:	_____	
Organizational Affiliation: _____		
* Telephone Number: (314) 657-1650	Fax Number: _____	
* Email: rothe@st.louis-mo.gov		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FR-5900-N-25

*** Title:**

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Continuum of Care Homeless Assistance Competition FY 2015 City of St. Louis

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

Francis R. Slay

Francis R. Slay

* Date Signed:

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 2/28/2009

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: City of St. Louis

Applicant's DUNS Number: 620680223

Grant Name: FY 2015 Continuum of Care

CFDA Number: 14.267

1. Does the applicant have 501(c)(3) status?
 Yes No
2. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100
3. What is the size of the applicant's annual budget?
(Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more
4. Is the applicant a faith-based/religious organization?
 Yes No
5. Is the applicant a non-religious community-based organization?
 Yes No
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
 Yes No
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
 Yes No
8. Is the applicant a local affiliate of a national organization?
 Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Office of Departmental Grants Management and Oversight, Room 3156, Washington, D.C. 20410.**

If you have comments or concerns regarding the status of your individual submission of this form, write directly to the address above.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of St. Louis

Project Name: See attached list

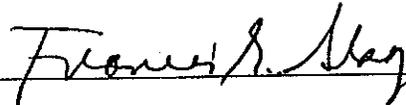
Location of the Project: Scattered sites in St. Louis

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: City of St. Louis

Certifying Official of the Jurisdiction Name: Francis G. Slay

Title: Mayor

Signature: 

Date: November 12, 2015

**FY2015 Continuum of Care
City of St. Louis Consolidated Plan Certification**

Project Names List

Project Name

Applicant Organization

CoC Planning	City of St. Louis
Covenant House Transitional Housing Program	City of St. Louis
Depaul USA Project MORE	City of St. Louis
Depaul USA Project PLUS	City of St. Louis
Doorways Delmar	City of St. Louis
Doorways Jumpstart	City of St. Louis
Doorways Maryland	City of St. Louis
Employment Connections Project Homecoming	City of St. Louis
Gateway 180 Rapid Rehousing	City of St. Louis
HMIS Lead Services ICA	City of St. Louis
Humanitri Transitional Housing Program	City of St. Louis
Places for People Housing for the Future of Families	City of St. Louis
Queen of Peace St. Philippine Home	City of St. Louis
St. Louis Transitional Hope House Program	City of St. Louis
St. Patrick Center Employment Program	City of St. Louis
St. Patrick Center Project Protect Housing	City of St. Louis
St. Patrick Center Rosati House	City of St. Louis
St. Patrick Permanent Supportive Housing Program	City of St. Louis
St. Patrick Rapid ReHousing Program	City of St. Louis
The Bridge Outreach: Coordinated Entry	City of St. Louis
YWCA Phyllis Wheatley Transitional Housing Program	City of St. Louis
2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	Missouri Department of Mental Health
2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	Missouri Department of Mental Health
2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	Missouri Department of Mental Health
2015 SCY (STL City Shelter Plus Care Renewal SPC)	Missouri Department of Mental Health
2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	Missouri Department of Mental Health
2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	Missouri Department of Mental Health

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

City of St. Louis

Program/Activity Receiving Federal Grant Funding

Department of Homeless Services

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attached List

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Francis G. Slay

Title

Mayor

Signature

x *Francis G. Slay*

Date

November 12, 2015

**FY2015 Continuum of Care
City of St. Louis Drug Free Workplace Sites**

Applicant Organization	Project Name	Address
City of St. Louis	CoC Planning	1520 Market Suite 4065 St. Louis MO, 63103
City of St. Louis	Covenant House Transitional Housing Program	2727 North Kings Highway St. Louis MO 63113
City of St. Louis	Depaul USA Project MORE	2904 Arsenal St. Louis MO 63118
City of St. Louis	Depaul USA Project PLUS	2904 Arsenal St. Louis MO 63118
City of St. Louis	Doorways Delmar	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Doorways Jumpstart	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Doorways Maryland	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Employment Connections Project Homecoming	2838 Market Street St. Louis MO 63103
City of St. Louis	Gateway 180 Rapid Rehousing	1000 North 19th Street St. Louis MO 63106
City of St. Louis	HMIS Lead Services ICA	1111 9th Street Suite 245 Des Moines Iowa 50314
City of St. Louis	Humanitri Transitional Housing Program	1447 East Grand Avenue St. Louis MO 63107
City of St. Louis	Places for People Housing for the Future of Families	4130 Lindell St. Louis MO 63108
City of St. Louis	Queen of Peace St. Phillipine Home	325 North Newstead Ave St. Louis MO 63108
City of St. Louis	St. Louis Transitional Hope House Program	1611 Hodlamont Avenue St. Louis MO 63112
City of St. Louis	St. Patrick Center Employment Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Center Project Protect Housing	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Center Rosati House	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Permanent Supportive Housing Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Rapid ReHousing Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	The Bridge Outreach: Coordinated Entry	1610 Olive St. Louis MO 63103
City of St. Louis	YWCA Phyllis Wheatley Transitional Housing Program	3820 West Pine Mall Blvd St. Louis MO 63108
Missouri Department of Mental Health	2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCY (STL City Shelter Plus Care Renewal SPC)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	1706 E Elm Jefferson City MO 65102

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: MO-001	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: CoC CFDA Number, if applicable: 14.267	
8. Federal Action Number, if known: N/A	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the user above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Francis G. Slay</u> Print Name: <u>Francis G. Slay</u> Title: <u>Mayor</u> Telephone No.: <u>(314) 622-3201</u> Date: <u>11-12-15</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**FY2015 Continuum of Care
City of St. Louis Disclosure of Lobbying Activities**

Project Names List

<u>Project Name</u>	<u>Applicant Organization</u>
CoC Planning	City of St. Louis
Covenant House Transitional Housing Program	City of St. Louis
Depaul USA Project MORE	City of St. Louis
Depaul USA Project PLUS	City of St. Louis
Doorways Delmar	City of St. Louis
Doorways Jumpstart	City of St. Louis
Doorways Maryland	City of St. Louis
Employment Connections Project Homecoming	City of St. Louis
Gateway 180 Rapid Rehousing	City of St. Louis
HMIS Lead Services ICA	City of St. Louis
Humanitri Transitional Housing Program	City of St. Louis
Places for People Housing for the Future of Families	City of St. Louis
Queen of Peace St. Philippine Home	City of St. Louis
St. Louis Transitional Hope House Program	City of St. Louis
St. Patrick Center Employment Program	City of St. Louis
St. Patrick Center Project Protect Housing	City of St. Louis
St. Patrick Center Rosati House	City of St. Louis
St. Patrick Permanent Supportive Housing Program	City of St. Louis
St. Patrick Rapid ReHousing Program	City of St. Louis
The Bridge Outreach: Coordinated Entry	City of St. Louis
YWCA Phyllis Wheatley Transitional Housing Program	City of St. Louis
2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	Missouri Department of Mental Health
2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	Missouri Department of Mental Health
2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	Missouri Department of Mental Health
2015 SCY (STL City Shelter Plus Care Renewal SPC)	Missouri Department of Mental Health
2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	Missouri Department of Mental Health
2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	Missouri Department of Mental Health